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ABSTRACT

The scientific movement in educational research began in the late 19th century and has expanded exponentially in the 20th century. The origins of the movement are commonly associated with the expansion of measurement and survey methods in clinical psychology and the social sciences. This paper argues that the medical sciences also served as a model that shaped educational research in the inter-war period. The child guidance and scientific child study movements are examined in conjunction with the promotion of research by large scale 20th century U.S. philanthropy represented by the Rockefeller Foundation and the Commonwealth Fund during the inter-war years. (Author)

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HISTORICAL PERSPECTIVES ON PSYCHIATRY AND EDUCATIONAL RESEARCH

Theresa R. Richardson

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HISTORICAL PERSPECTIVES ON PSYCHIATRY AND EDUCATIONAL RESEARCH

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SUMMARY

The scientific movement in educational research began in the late nineteenth century and has expanded exponentially in the twentieth century. The origins of the movement are commonly associated with the expansion of measurement and survey methods associated with clinical psychology and the social sciences. This paper argues that the medical sciences also served as a model shaping educational research in the inter-War period. The child guidance and scientific child study movement are examined in conjunction with the promotion of research by large scale twentieth century American philanthropy represented by the Rockefeller Foundation and the Commonwealth Fund in the inter-War years.

INTRODUCTION

Psychiatry has in a sense run on parallel tracks with educational research rather than officially in its main stream. While mental hygiene is not formally recognized as a corner stone for systematically acquired educational knowledge, medical perspectives bolstered educational practices through mental hygiene research. The child guidance research and demonstrations and child welfare research institutes not only dealt peripherally with education, using schools as laboratories, but established paradigms for normality and abnormality central to decisions concerning what was taught, how it should be taught and how it should be evaluated.

The scientific movement in twentieth century educational research is commonly associated with the professionalization of

the social sciences and clinical or experimental psychology. 1 Little attention has been paid to the underlying ideology evinced by the new faith in science as a way of solving social problems which established the rationale for systematizing investigative methods as applied both to children and schools. Rational positivism as applied to social issues was perhaps most vehemently expressed in preventive medicine and public health reform at the turn of the century. Medical perspectives were an undercurrent in research directed toward establishing a science of public policy-making in areas which included but were not exclusively concerned with education. 2 The medicalization of education was an expanding topic of discussion in the 1920s and 1930s as witnessed in the 1938 Yearbook of the National Society for the Study of Education. Only recently, however, have social historians addressed the significant role of the mental hygiene movement in American education. 3 It is argued here that the

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1. Guy M. Whipple, ed., "The Scientific Movement in Education," Thirty-Seventh Yearbook of the National Society for the Study of Education (Bloomington, Ill.: Public School Publ. Co., 1938); Donald Ary, Lucy Cheser Jacobs and Asghar Razavieh, Introduction to Research in Education (New York: Holt, Rinehart and Winston, 1979), pp. 30-35.

2. John C. Burnham, Paths to American Culture: Psychology, Medicine and Morals (Philadelphia: Temple Univ. Press, 1988); Charles E. Rosenberg, No Other Gods: Science and American Thought (Baltimore: Johns Hopkins Univ. Press, 1976); James Leiby, A History of Social Welfare and Social Work in the United States (New York: Columbia Univ. Press, 1978).

3. Mandel Sherman,"Contributions to Education of Scientific Knowledge in Mental Hygiene," in Thirty-Seventh Yearbook NSSE, pp. 435-443; Sol Cohen, "The Mental Hygiene Movement, the Development of Personality and the School: The Medicalization of American Education," History of Education Quarterly 23, 2(Summer

parameters of educational research were circumscribed by medical and especially psychiatric perspectives in the early twentieth century. The protocols for what came to be known as progressive education were conceptually intertwined with the ideology of preventive medicine and public health reformism as promoted by large scale twentieth century philanthropies. This essay pursues this connection in the legacy of the mental hygiene movement in child guidance and child study as part of the tradition of educational research.

Education was inescapably caught up in the activities of the National Committee for Mental Hygiene, founded by Clifford Beers in 1909. 4 Concern over mental defects early turned to children first as a part of the public health emphasis on school hygiene. 5 Mental hygiene helped advance the ideological position that

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1983): 123-150; "The Mental Hygiene Movement, The Commonwealth Fund, and Public Education, 1921-1933," in Private Philanthropy and Public Elementary and Secondary Education ed. Gerald Benjamin (Proceedings of the Rockefeller Archive Center Conference held on June 8, 1979, Rockefeller Archive Center Publication), pp. 33-46; "The School and Personality Development: Intellectual History," Historical Inquiry in Education: A Research Agenda ed. John Best (Washington D.C.: AERA, 1983), pp. 109-137.

4. Clifford W. Beers, A Mind That Found Itself with a preface by Robert Coles (New York: Longmans Green, 1907, Pittsburgh: Univ. of Pittsburgh, 1981); Norman Dain, Clifford W. Beers: Advocate for the Insane (Pittsburgh: Univ. of Pittsburgh, 1980).

5. W.B. Drummond, An Introduction to Child Study (London: Edward Arnold, 1908); Irving King, Education for Social Efficiency: A Study in the Social Relations of Education (New York: D. Appleton, 1913); William A. White, The Mental Hygiene of Childhood (Boston: Little, Brown, and Co., 1919); S. Josephine Baker, Child Hygiene (New York: Harper & Bro., 1925); C.W. Kimmins, The Mental and Physical Welfare of the Child (London: Partridge, 1927).

schooling is essentially a psycho-therapeutic enterprise. 6 What was taught in school was viewed by hygienists as less important than who it was taught to, and whether it fit the needs and abilities of the child. It was argued that the objectives of schooling were synonymous with mental hygiene. 7

Direct psychiatric input into educational research or policy making was, nonetheless, limited. A large part of the reason for this is the slow development of psychiatry within the medical sciences and the late establishment of child psychiatry as a legitimate specialty. The first English language textbook on child psychiatry was not published until 1935. 8 Psychiatry remained an ideological undercurrent rather than overt policy.

The influence of preventive psychiatry on educational research is best understood as a process involving the institutionalization of ideas. 9 The process as described here pursues a time line: 1) 1909-1917, origins of the "mental hygiene perspective" in the National Committee for Mental Hygiene; 2)

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6. White, The Mental Hygiene of Childhood.

7. Barry C. Smith, "Report of the General Director, November 1921, Child Welfare Program for the Prevention of Delinquency," p. 35, Laura Spelman Rockefeller Memorial (LSRM) 3, 111, 1113, RAC; also, V. V. Anderson, Psychiatry in Education (New York: Harpers & Bro., 1932); Lester D. Crow and Alice Crow, Mental Hygiene in School and Home Life (New York: McGraw-Hill, 1942).

8. Leo Kanner, Child Psychiatry 3rd ed. (Springfield, Ill.: Charles C. Thomas, 1925, 1957).

9. Cohen "The School and Personality Development," p. 109; see Robert Wuthnow, Meaning and Moral Order: Explorations in Cultural Analysis (Berkeley: Univ. of Calif. Press, 1987), p. 265.

1918-1923, a) the acquisition of resources from the Rockefeller Foundation and the Commonwealth Fund; b) the development of research programs to advance mental hygiene; 3) 1924-1932, elaboration of programs in child guidance and child study in school-related research; 4) 1933-1945, the distribution and legitimation of mental hygiene perspectives on childhood; the professionalization of auxiliary personnel; and 5) Post 1945, the institutionalization of mental hygiene as a domaine assumption.

The following discussion focuses on case examples beginning with Monmouth County, and the early mental hygiene research of the National Committee for Mental Hygiene, and ending with the case of California as illustrating the diversity and the diffusion of mental hygiene research as it was legitimated in education.

ORGANIZING PSYCHIATRIC RESEARCH ON CHILDREN

Appropriations from Rockefeller philanthropy and the Commonwealth Fund were used in the 1920s and 1930s to promote programs which upgraded and professionalized psychiatric research on children. 10 These philanthropies supported the efforts of the National Committee for Mental Hygiene in its attempts to establish a scientific approach to mental and physical public health research and to demonstrate the usefulness of preventive practices in juvenile courts, health clinics, and public school

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10. National Committee for Mental Hygiene, "How and By Whom the Work of the National Committee for Mental Hygiene had been Financed, Covering the Organizing Period, 1907-1911, and the Period of Work to Date, 1918," 29 January 1918, p. 1-6; Rockefeller Foundation Archives (RF) RG 1.1, 200, 33, 275, RAC.

classrooms.

Through the efforts of influential supporters along with the efforts of Clifford Beers, the newly formed Rockefeller Foundation incorporated mental hygiene into its original mandate. 11 The Foundation interpreted mental hygiene within its own medical/public health orientation as "psychiatry broadly defined." 12 The Commonwealth Fund, established in 1918, similarly looked to mental hygiene as a part of its public health work as did the Laura Spelman Rockefeller Memorial.

The LSRM, incorporated with a capital of eighteen million dollars in 1918, adopted by 1923 a major responsibility for financing scientific research on normal cognitive and physical maturation. In a general reorganization of Rockefeller philanthropy in 1928, the Memorial was liquidated and its funds and projects amalgamated with those of the Rockefeller Foundation Division of Medicine, the General Education Board and the Spelman Fund of New York. Research in child development was fostered by Lawrence K. Frank and Robert J. Havighurst both of whom were active social scientists and contributors to the direction and content of scientific child study. In 1933, the Rockefeller Foundation took psychiatry as its major focus as a part of medical research and public health which had long dominated the

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11. Rockefeller Foundation, Annual Report, 1913-1914 (New York: Rockefeller Foundation, 1914), p. 1.

12. Rockefeller Foundation, Annual Report, 1921 (New York: Rockefeller Foundation, 1921), p. 21; George Vincent, President's Annual Review (New York: Rockefeller Foundation, 1922), p. 8.

interests of Rockefeller philanthropy. 13

The first programs initiated by the National Committee for Mental Hygiene in conjunction with philanthropic funds were developed at the Gedney Farms Conference of Rockefeller executives in January 1920, and at a Commonwealth Fund conference held at Lakewood, New Jersey in March 1921. Thomas W. Salmon, Medical Director of the National Committee for Mental Hygiene and a consultant for the Rockefeller Foundation, argued before the influential boards at each of these forums that: "the great hour of American psychiatry is at hand." 14

The Monmouth County Demonstration, which resulted from the conferences, illustrates both the close ties and divergent orientations in mental hygiene research in the early 1920s expressed in the child guidance and child study movement. The first demonstration in child guidance was conducted by the National Committee for Mental Hygiene but it was financed by the Rockefeller Foundation rather than the Commonwealth Fund. 15 The project had been initiated by the Monmouth County Organization for Social Service, a local voluntary association. The local

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13. Raymond B. Fosdick, The Story of the Rockefeller Foundation (New York: Harpers & Bro., 1952); E. Richard Brown, Rockefeller Medicine Men (Berkeley: Univ. of Calif., 1960).

14. Thomas W. Salmon to Walter B. James, 9 April 1919; TWS to George E. Vincent, 9 April 1919; RF 1.1, 200, NCMH 1919; also, Rockefeller History 900-1, 6, pp. 1424-6, RAC.

15. "Application to the Laura Spelman Rockefeller Memorial for an Appropriation of $12,000 a year for a mobile mental hygiene clinic in Monmouth County, New Jersey," 12 July 1921, LSRM 3, 34, 558, RAC.

group's concerns reflected a common Progressive Era speculation that the quality of life and mental development among rural children was dwindling. 16 The outcome of the Monmouth County project was to encourage large scale school surveys and preventive work with normal children of school age. 17

SCHOOL RELATED RESEARCH

The Commonwealth Fund with the National Committee for Mental Hygiene diverged in the other direction. They continued in their plan to create a multifaceted effort in mental hygiene research based on child guidance. A five year program was to be developed on the prevention of delinquency. Delinquency was interpreted as a symptom indicating maladjustment which if prevented would reduce the incidence of mental illness. Different facets of the Commonwealth Fund program dealt with the research into the clinical use of psychiatry, the training of psychiatric field workers and its application to educational practice. The work was conducted in three divisions with a joint steering committee to integrate the activities.

The National Committee for Mental Hygiene conducted eight

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16. Katharine B. Davis, "Monmouth County Organization for Social Service, Inc., Application for Mrs. Lewis S. Thompson," typed report, 1 August 1921; "A Supplemental Report on the Request of Mrs. Lewis S. Thompson," 14 September 1921, LSRM 3, 34, 358, RAC.

17. L.K. Frank, "Monmouth County Organization for Social Service, Memorandum" 12 January 1924; LKF, "Memorandum: Monmouth county Clinic," 22 January 1924; John L Montgomery to Barry Smith, 7 January 1924, 16 January 1924, 19 January 1924; LKF to Kenneth Chorley, "Memorandum," 7 April 1925, LSRM 3, 34, 359, RAC.

demonstration clinics designed with the idea of illustrating the usefulness of psychiatry in work with children. 18 The child guidance clinics served as laboratories for the study of mental illness in children and to train personnel in the use of psychiatric practices in therapy. The intention was to fund a clinic for a specified amount of time. At the end of the demonstration it was hoped that local organizations would assume responsibility to continue the service. The demonstrations provided models for communities in mental hygiene services for children. Psychiatric child guidance demonstrations were located in St. Louis, Norfolk, Dallas, St. Paul and Minneapolis, Minnesota, Cleveland, Los Angeles and Philadelphia. 19 Locally supported clinics were established after the demonstrations in all cases except Norfolk, Virginia. Consulting services provided assistance to additional clinics in Pasadena, Richmond, Memphis, Macon, Milwaukee and Baltimore. Of these Richmond and Baltimore received some financial assistance. The Memphis and Macon clinics

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18. "Annual Report to the Commonwealth Fund on the Operation of the Bureau of Child Guidance by the New York School of Social Work as Section I of the Program for the Prevention of Delinquency Covering the Year 1924-25," CF 65, RAC.

19. For an overview see George S. Stevenson and Geddes Smith, Child Guidance Clinics: A Quarter Century of Development (New York: Commonwealth Fund, 1934); George S. Stevenson, "Child Guidance and the National Committee, " in Orthopsychiatry, 1923-1948: Retrospect and Prospect eds. Lawson Lowrey and Victoria Sloane (Menasha, Wis.: Geo. Banta Publ. for Am. Orthopsychiatric Assoc, 1948), p 67.

were later discontinued. 20 Over the five year period of the demonstrations the idea of child guidance changed from a concern over delinquency to a well-child orientation. From a court-based project child guidance came to be focused on to a school and community research and services. The original child clients referred from public sources were replaced by family generated referrals characterized by a paying middle class clientele. 21

The National Committee for Mental Hygiene and the Commonwealth Fund began the Program for the Prevention in Delinquency in St. Louis in 1922. The St. Louis demonstration found it difficult to stay exclusively within the realm of delinquency. 22 By the fourth demonstration, held in the twin cities of St. Paul and Minneapolis, the University of Minnesota and the public schools were regarded as major resources for clinical demonstration, professional education, and research in connection with child guidance.

In 1924, an extensive school survey was conducted in the Twin Cities area which experimented with systems of rating children's personalities in relationship to performance and

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20. Commonwealth Fund, Program for the Prevention of Delinquency, Progress Report (1926), pp. 15-16; Commonwealth Fund, Annual Report (New York: Commonwealth Fund, 1924), p. 27, CF, RAC.

21. Margo Horne, "The Moral Message of Child Guidance, 1925-1945," Journal of Social History (September 1984): 23-36.

22. V.V. Anderson and Thomas W. Salmon, "Address on the Work of the St. Louis Clinic," presented to the American Association for the Study of the Feebleminded, St. Louis; Commonwealth Fund, "Minutes," 24 May 1922; "Minutes," 22 March 1922; "Minutes," 24 May 1922, p. 77; CF 376, RAC.

behavior. The survey also included systematic physical and mental testing by the clinic's staff. 23 A permanent child guidance clinic at the University of Minnesota was organized after the demonstration with the help of the school district. The clinic, established during the child guidance demonstration in St. Paul, continued with the help of community chest funds and support from a local philanthropy, the Amherst H. Wilder Charities. 24

The research oriented nursery school laboratory at the University of Minnesota was continued under the auspices of the Laura Spelman Rockefeller Memorial which designated $245,000 toward the maintenance of the Institute of Child Welfare from April 1925 to June of 1930 under its own program to promote parent education and child study research. During the 1928 reorganization of the Rockefeller philanthropies, the General Education Board agreed to continue to support the Minneapolis Institute over a ten year period for which $665,000 was appropriated with the eventual objective of having the University "absorb the program." 25

LEGITIMATING MENTAL HYGIENE PROFESSIONALS

The extensive use of auxiliary personnel other than

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23. "Case Reports, Longfellow School Survey, Minneapolis, Minnesota, 1924." and, "Instructions for Using the Rating Scale," CF 66, RAC.

24. "Memorandum Re.: The Laura Spelman Rockefeller Memorial's Grants to Some of the Larger Child Welfare Centers in the United States." GEB 930 1, 3, 372, 3887, RAC.

25. "Memorandum Re., The LSRM's Grants to Some of the Larger Child Welfare Centers in the United States."

psychiatrists in child guidance was not accidental. The Commonwealth Fund Program for the Prevention of Delinquency was intended to foster the training of social workers to supplement and extend the impact of psychiatry in everyday practices. To this end a Bureau of Child Guidance was created in connection with the New York School of Social Work as Division I of the Program for the Prevention of Delinquency. Directed by psychiatrist Bernard Glueck and later Marion Kenworthy with the assistance of Porter R. Lee, the Bureau trained psychiatric social workers and operated clinical and demonstration services in connection with research on child behavior.

These investigations took on an increasingly psychoanalytic view of child life with therapy based on case study methods. The Bureau also conducted twelve international conferences on applied psychiatry in social case work with children. At the close of the demonstration in 1927, the Bureau was renamed the Institute for Child Guidance. Commonwealth Fund support was discontinued in 1933. 26

The Division II of the Commonwealth Fund Program for the Prevention of Delinquency created the National Committee of Visiting Teachers in association with the Public Education Association of New York. Coordinated by Harold Nudd and directed

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26. "Preliminary Report to the Commonwealth fund from the New York School of Social Work," 1 December 1921 to 30 June 1927, CF 65, RAC; Louise C. Odencrantz, The Social Worker: In Family, Medical and Psychiatric Social Work vol. 1, Job Analysis Series American Association of Social Workers (New York: Harper & Row, 1929); Lubove, The Professional Altruist, pp. 98-9.

by Jane Culbert, the visiting teacher program actively promoted the progressive whole child approach to education with an undergirding of psychiatry. Visiting teachers were trained in psychiatric social work with their focus of orientation in the public schools and guidance clinics. The program operated in close connection with Division I of the Commonwealth Fund Program and the New York School of Social Work. Visiting teachers brought psychiatric concepts of child health, stress and behavior directly into the classroom by demonstrations and workshops. 27 The emphasis was to disseminate mental hygiene in instances where teachers might not otherwise come into contact with the new methods. Visiting teachers as social workers tried to forge stronger ties between home and school experience. 28 The visiting teacher movement strongly supported the Progressive Education Association's contention that "less formal educational opportunities...assured [a] happy, wholesome childhood," and that this could be brought about if in schools "attention was given to the growth and development of children rather than to the acquisition of subject matter." 29

The P.E.A.'s demonstrations were not limited to New York

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27. Odencrantz, The Social Worker, pp. 326-33.

28. Public Education Association of the City of New York, The Visiting Teacher in the United States 2nd ed. (New York: P.E.A., 1923); W. I. Thomas and Dorothy Swaine Thomas, The Child in America: Behavior Problems and Programs (New York: Alfred A. Knopf, 1928, Johnson Reprint Corp., 1970), p. 229.

29. W. Carson Ryan, "History of Mental Hygiene in Schools," American Journal of Insanity Centenary Edition (American Psychiatric Association, 1944), pp. 144-5.

even though the first demonstration was in Public School 64 in New York City. While cities such as Philadelphia and Rochester, had prior visiting teacher movements, the demonstrations by the P.E.A. were unique. 30 Thirty visiting teacher demonstrations were carried out between 1922 and 1927 in locations which spanned the nation. Twenty-four of the programs were taken over by the local school districts or clinics after the demonstration was terminated. In most cases the teacher trained by the P.E.A. remained in the community. 31 In addition to the local impact of a demonstration, two regional conferences were held in Richmond, Virginia and Omaha, Nebraska. There were ninety-one visiting teachers in twenty-eight community in fifteen states in 1921 which had increased to two hundred and five teachers in seventy-eight communities in thirty-four states by 1927. 32 The Commonwealth fund felt that the success of the visiting teacher program reflected the coordination between the program and the child guidance demonstrations. 33

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30. Thomas and Thomas, The Child, ch. 5, pp. 249, 253.

31. Thomas and Thomas, The Child, pp. 250-1; Commonwealth Fund, Annual Report for 1923 (New York: CF, 1923), pp. 44-6; J.J. Openheimer, The Visiting Teacher Movement (New York: P.E.A., 1924), p. 20; Sophia C. Gleim, "The Visiting Teacher," United States Bureau of Education Bulletin No. 10 (1921), p.8.

32. Cited by Miss Ethel B. Allen, National Committee on Visiting Teachers of the P.E.A., in Thomas and Thomas, The Child, pp. 256-7; also see P.E.A., The Visiting Teacher, p. 23; Commonwealth Fund, Annual Report, 1923 (New York: Commonwealth Fund, 1923), pp. 44-6.

33. Commonwealth Fund, Annual Report, 1926 (New York: Commonwealth Fund, 1926).

The Commonwealth Fund appropriated $41,000 a year in 1922 for the program in delinquency. This sum totaled an annual expenditure of $140,000 by the end of the demonstrations in 1927. 34 At the close of the demonstrations the two departments of the NCMH in field services, and experimentation and demonstration were combined to form a new Division on Community Clinics directed by George S. Stevenson. The name change also reflected a change in the conception of child oriented mental hygiene as it contributed to the legitimation of child psychiatry as concerned with disturbed rather than delinquent children. It also reflected the seemingly inevitable use of psychiatric social workers and psychologists to actually carry out clinical work in spite of the preferred tripartite model of psychiatrists as a director with assistants in social work and psychology.

By the end of the demonstrations 102 child guidance clinics had opened. This number continued to expand with the popularization of child guidance to 300 clinics in 1930 and 617 by 1935. 35 The National Committee was not necessarily pleased with the upsurge of clinics many of which did not have active psychiatrists on the staff. In 1940 the NCMH created the American Association of Psychiatric Clinics for Children as a part of the Division on Community Clinics in an attempt to regulate and standardize procedures. However, the AAPCC's criteria was so

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34. Arthur H. Ruggles to Edward S. Harkness, 7 June 1924, TWS 4, AFMH, CMC.

35. Lawson Lowrey, "Psychiatry for Children," American Journal of Psychiatry 101(Nov. 1944): 375-388.

rigid in comparison with the reality of clinical services that only 55 clinics qualified for membership and only eighteen of these qualified as training centers in community psychiatry. 36

SCIENTIFIC CHILD STUDY: THE CASE OF CALIFORNIA

The California experience illustrates the degree to which the intentions of the medical men and psychiatrists in the mental hygiene movement were not fulfilled. Yet, the outcomes were predictable in that the mental hygiene perspective flourished under the umbrella of social work, psychology, counseling and teaching.

From 1929 to 1931 the California Bureau of Juvenile Research operated a traveling child guidance clinic which operated out of the Whittier State School for Boys. The service utilized the services of a psychiatrist, psychologist and social workers. The financial crisis of the depression, however, curtailed this service about the same time that it curtained Miriam Van Waters program with the Los Angeles juvenile court. The psychiatrist and the social worker were laid off but the psychologist, Norman Fenton, was retained as the Director of the Bureau of Juvenile Research.

Fenton joined the faculty at Claremont College where he set up summer training programs in mental hygiene directed at teachers, school psychologists and social workers. Fenton was concerned with introducing mental hygiene to public schools at a

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36. Jules V. Coleman to M.C. Scoville, 29 November 1949; George S. Stevenson to MCS, 9 June 1947, CF 67, RAC.

minimum cost through the use of lay personnel and professionals already employed in the schools such as teachers and principals. Fenton was less concerned with introducing psychiatrists or preventive therapy supervised by medical personnel into school practices than with utilizing psychiatry as applied knowledge. Fenton's approach to mental hygiene in school practice emphasized psychiatric case study methods with extensive record keeping and standardized testing procedures. 37 Where cases indicated teachers and principals conducted home visits and wrote up reports on standardized forms. 38

While Fenton was actively publishing practical "how to" materials in mental hygiene since 1928, his major book on the topic was published in 1943, after he had joined the faculty at Stanford University. 39 Mental Hygiene in School Practice, offered explicit instructions for setting up a mental hygiene program, it provided lessons, exercises in counseling and testing as well as detailed illustrations by way of case studies describing how to proceed. Directions were detailed enough so that the forms in the appendix could be copied and used. In

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37. Norman Fenton, "A Survey of Clinical and Descriptive Instructions in Child Guidance in Superior Medical Schools," Journal of Juvenile Research 13(1929): 141-5.

38. Norman Fenton, Organizing a Mental Hygiene Program Through the Child Guidance Conference Bulletin No. 9 new series (Sacramento, Calif.: State Printing Office, 1933); Norman Fenton, "Mental Hygiene and Its Administration in High School," Junior-Senior School Clearing House 6(1932): 63-8.

39. Norman Fenton, Mental Hygiene in School Practice (Stanford: Stanford Univ. Press, 1943, 1949); Norman Fenton, "Personality Guidance for Teachers," Educational Review 75(1928).

addition, catalogues of test and guidance materials could be ordered from the Stanford University Press. 40 The popularity of Fenton's text is indicated by the fact that it was reprinted on an annual basis through the 1940s.

The period of Fenton's popular work in child guidance in the field and his active promotion of mental hygiene in California schools coincided with a massive research project funded by Rockefeller philanthropy based out of the University of California. The State legislature had passed in 1923 a bill approving the creation of an Institute of Child Welfare whose details were not settled for three years. The LSRM had eagerly awaited the approval of the faculty to fund the Institute beginning in 1927. 41

The research program in Berkeley was complex from the beginning since it involved longitudinal and clinical data as well as therapeutic child guidance services. A survey of infants set up in Berkeley in the mid-1920s eventually followed children throughout their school career. The Oakland aspect of the study, initiated in 1930, concentrated on adolescents. The studies in tandem established longitudinal data from birth through young adulthood. The close connection with the Oakland School District

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40. Norman Fenton, The Counselor's Interview With The Student, School Case Work Manuals (Stanford: Stanford Univ. Press, 1943, 1949); Norman Fenton, The Counselor's Approach to The Home, School Case Work Manuals (Stanford: Stanford Univ. Press, 1943, 1949).

41. Lawrence K. Frank to Faculty and Officers, University of California Berkeley, 6-12 March 1925; LFK to Ethel Richardson, 15 April 1927, LSRM 3, 43, 452, RAC.

was forged, in part, by the fact that Herbert Stoltz, Director of the Institute became Assistant Superintendent of Oakland Public Schools.

In Oakland, laboratory classrooms and meeting rooms from the project were set up in portable buildings at the school sites. The material from this work has produced book length monographs on subjects not even intended by the original studies but which are possible because of the enormous amount of varied and detailed material collected over such an extended period of time. 42 A nursery school and clinic were created through the University which also served as laboratories.

The LSRM, Spelman Fund, Rockefeller Foundation and General Education Board supported the Berkeley Institute for Child Welfare, its related child guidance work and the Oakland adolescent study through the 1940s. 43 G.E.B. appropriations up to 1950 were mainly directed toward disseminating research findings. 44 The Berkeley projects were slow to come to fruition. However, by 1938 the longitudinal data was producing results. In that year, four thesis, two monographs series with six publications, eleven articles and seven other abstracts or papers

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42. Glen H. Elder, Children of the Great Depression (Chicago: University of Chicago, 1974).

43. R.J. Havighurst, "Memo Concerning the Guidance Study at the University of California," 19 January 1938; W.W. Brierly to R. Sproul, 16 December 1938, GEB 930 1, 3, 3912, RAC.

44. R.J. Havighurst, " Publication of Results of Research at the California Institute of Child Welfare," 22 December 1938, GEB 930 1, 3, 374, 3911, RAC.

were published with Foundation support. 45

A major handbook on adolescence, Somatic Development in Adolescent Boys by Herbert Stoltz and his wife Lois Meek Stoltz came out in 1943 the same year as Fenton's book on mental hygiene in school practices. 46 These works while very different were actually complementary. The Yearbook's main contributions were in coordinating detailed longitudinal data on biological development from birth through puberty to adulthood which was in turn correlated directly with behavior and emotional states. The adolescent studies appeared to validate and synthesize the educational and child development research which had been conducted since the turn of the century differentiating children from preteens and adolescents. The thesis proved enticing and seemed above reproach as a model of systematic scientific method. Direct implications were drawn for curriculum development and school organization to accommodate the validated uniqueness of children at various stages.

DISTRIBUTING MENTAL HYGIENE AS A POPULAR AGENDA

Psychiatric perspectives were legitimated in a popular forum and in relation to auxiliary personnel and education more than in a medical arena. Hundreds of monographs and articles are a witness to the explosion of literature in the school related

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45. Jean Walker MacFarlane, "Statement of the Objectives and Points of View," 26 October 1938, GEB 930 1, 3, 374, 3911.

46. Grants in Aid to I 48049; Flora Rhind, "Interview with Harold Jones, Re.: Publication Yearbook," 4 May 1943; "Outline of the Yearbook on Adolescence," GEB 930 1, 3, 374, 3911, RAC.

mental hygiene area in the 1930s and 1940s. Much of this literature was an outgrowth of the NCMH child guidance demonstrations and the bulletins and reports disseminated by the National Committee, Commonwealth Fund and the Laura Spelman Rockefeller Memorial. The Commonwealth Fund publishing program which was an early offshoot of the Program for the Prevention of Delinquency greatly contributed to the dissemination of mental hygiene literature. One early report cited 94,949 copies of mental hygiene reports and bulletins distributed from the child guidance demonstrations by May 1, 1928. The publication of texts, monographs, and compilations of studies increased in the years after the demonstrations. 47 The United States Office of Education, the Children's Bureau, the American Council on Education, the National Education Association, the Child Study Association of America, and the Progressive Education Association, also contributed to the popular dissemination of mental hygiene source material appropriate for school use. 48 Of seventeen periodicals recommended for parents and educators by Fenton for their content in mental hygiene, many were financially supported by the National Committee for Mental Hygiene or one of

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47. "List of Publications Published by the NCMH," November 1927, LSRM 3, 35, 368; "The Mental Hygiene Program of the Commonwealth Fund and Some Evidences of Its Value," pp. 13-4, undated, CF 66, RAC.

48. Fenton, Mental Hygiene in School Practice, p. 400.

its philanthropic mentors. 49

The out-of-context popularization of mental hygiene research through clinics and demonstrations was seen as problematical by the Rockefeller Foundation in their reviews as early as 1927. 50 The strategy in the attempt to remedy the problem was to monitor the quality of research, including the dissemination of results, and to directly encourage professional organizations or publicly funded bodies which would monitor and distribute research. The establishment of the National Research Council Committee on Child Development and the monograph series on child development, Child Development Abstracts, represented one such effort. The creation of the University of Chicago's Center of Collaboration and Documentation in 1930 was a similar attempt to coordinate and monitor the quality of research which could have an impact on public policies.

The General Education Board supported a series of mental hygiene related educational studies and publications in the 1930s. The Commission on Secondary School Curriculum, a subcommittee of the Progressive Education Association, began a

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49. The periodicals included: Mental Hygiene, Parent's Magazine, Understanding the Child, American Journal of Orthopsychiatry, American Journal of Psychiatry, Child Development, Educational and Psychological Measurement, Journal of Consulting Psychology, Journal of Genetic Psychology, (formerly G.S. Hall's Pedagogical Seminary), Journal of Social and Abnormal Psychology, Occupations, Psychological Abstracts, Smith College Studies on Social Work, Vocational Guidance Digest, Hygeia: The Health Magazine, and the National Parent-Teachers Association Magazine.

50. Edmund E. Day to Beardsley Ruml, "Child Study and Parent Education," 17 March 1927, LSRM 3, 31, 329, RAC.

study in 1932 utilizing the mental hygiene approach to solving the problems of youth. Findings and reports in the "eight year" project were disseminated to participating teachers and to others in summer workshops. Eventually a book was produced for general use. 51 Also in 1938, a Commission on Teacher Education was set up under the American Council of Education with a General Education Board appropriation of $250,000. 52 Fifteen "collaborators" were to identify the "scientifically validated generalizations or principles," from the "research findings in the biological, psychological, sociological and medical sciences." A subcommittee on standards of the American Association of Teachers of Colleges was to cooperate with the Collaborators by relaying their conclusions to its 175 member institutions directly concerned with the professional education of teachers. Information was also distributed to college administrators, curriculum committees and professors of psychology and child study. 53

The Commission on Human Relations produced a series of

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51. Caroline Zachry, "Emotion and Conduct in Adolescence," Peter Blos, "The Adolescent Personality," in V.T. Thayer et al, Reorganizing the Secondary School Curriculum (New York: Appleton-Century, 1940); Ryan, "History of Mental Hygiene in the Schools."

52. "Inter-University Collaboration to Further Research in Human Development and Behavior and to Extend the Use of Research Findings in the Education of Professional Persons," 15 March 1944, GEB 930 1, 3, 375, 3920, RAC.

53. "The University of Chicago Announcement of the Continuation of the Collaboration Center on Human Development and Education," 6 October 1943, p. 2, GEB 930 1, 3, 375, 3920. RAC.

publications and later motion pictures introducing adolescents and secondary school teachers to the current state of scientific research on emotional problems. 54 Other works in this series emphasized that schools had a responsibility for reducing emotional tensions in children which are "expressed in fears, hatred and compulsive behavior toward society." 55 A 1938 report submitted to the American Council on Education dealt with the "relation of emotion to the educative process." The report suggested that teachers be called "personnel workers," and that they be selected "for their sympathetic insight into children's needs and behavior, and for their skill in getting along with children" rather than their academic qualifications. 56

THE POST-WAR SYNTHESIS

The Rockefeller Foundation, NCMH and the Commonwealth Fund, taking advantage of the promotion of psychiatry in the U.S. Army during the second World War, helped set up an organization, the Group for the Promotion of Psychiatry (GAP) to "act as a mobile striking force for American psychiatry." 57 This organization was

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54. Alice V. Keliher, Life and Growth (New York: Appleton-Century, 1938).

55. Lois Hayden Meek, et al., The Personal Development of Boys and Girls (New York: Progressive Education Association, 1940).

56. Daniel A. Prescott, Emotion and the Educative Process (Washington D.C.: American Council on Education, 1938).

57. William C. Menninger to Mildred C. Scoville, 20 April 1948; "Conference on psychiatric Needs in Post-War Situation and Plans to Meet Them," 22 November 1944 (typescript); "Appendix I-Skeleton Report of the Hersey Conference, Presented to the Director at the Meeting of 14 June 1945," CF 64, RAC.

successful in becoming very influential in the American Psychiatric Association. Robert Felix, head of the federal Division of Mental Hygiene and an active GAP member, became the Director of the National Institute of Mental Health when it was formed in 1949. 58 A year earlier, the Third International Congress of Mental Hygiene was held. The World Federation for Mental Health was established under the auspices of the United Nations World Health Organization. English psychiatrist John Bowlby became a consultant in 1950. He produced a monograph Mental Health and Maternal Love which focussed world wide attention on the application of psychiatry to children. 59 The Group for the Advancement of Psychiatry began an internal review of child psychiatry in 1951. A major report, Diagnostic Process in Child Psychiatry was published in 1957. The backwardness of the field was noted in regard to the lack of standardization of the classification of disorders in children. A final report directed toward rectifying the problem, Psychopathological Disorders in Childhood: Theoretical Considerations and a Proposed Classification, was produced in 1965. The World Health Organization's third international seminar on the classification of mental disorders held in Paris in 1967 also concentrated on "Psychiatric Disorders of Childhood."

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58. Robert Felix, Mental Illness, Progress and Prospects (New York: Columbia Univ. Press, 1967).

59. John Bowlby, Maternal Care and Mental Health (New York: Columbia Univ. Press, 1951); and the abridged summary, Child Care and the Growth of Love ed. Margery Fry (New York: Penguin, 1953).

While U.S. and international classifications of mental diseases only belatedly listed childhood disorders, the manuals of the World Health Organization and the American Psychiatric Association after 1970 rapidly increased the space devoted to disorders of the young. The current APA manual refers to childhood related disorders in approximately one-third of the categories listed. 60 The elaboration of categories of differences since World War II fed into the expansion in educational circles of psychological testing and classification. Special classrooms, curriculum and personnel grew exponentially in proportion to the validation of categories of abnormality. 61

Research produced the first psychotropic drugs in the mid 1950s. While drug therapies were applied to adult institutionalized populations immediately, they did not become widespread or controversial with children until commercial products such as Ritalin were used increasingly with disruptive school age children in the 1970s. 62 Sociological and demographic research, in the meantime, tended to counter the medical orientation in education and to question the expansion of

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60. World Health Organization, Manual of the International Classification of Diseases, Injuries, and Causes of Death 9th ed. 2 vols. (Geneva: WHO, 1977); American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders 3rd ed. rev. (Washington D.C.: APA, 1987).

61. See Nicholas Hobbes, ed., Issues in the Classification of Children 2 vols. (San Francisco: Jossey-Bass, 1975.

62. "The Introduction of Chlorpromazine," Hospital and Community Psychiatry (July 1976): 505; Castel, Castel and Lovell, The Psychiatric Society, p. 85-6.

special classes for mildly retarded children. The misrepresentation of minorities in special classes occasioned revisions of the definitions and labels as well as criteria for admission to special services. The fastest growing labels became associated with learning disabilities and conduct disorders. 63 In the wake of criticism and the lack of proven results as drug therapies waned, behavioral therapies have expanded.

These trends culminated in and were elaborated by one of the most significant pieces of educational legislation in this century, the 1975 federal legislation specifying the legal educational rights of handicapped children. Affirming the therapeutic medical model in education, this legislation put mental health and support services, individual differences and their accommodation, in the mainstream of the educational process. 64

THE MORAL ORDER, MEDICAL PROGRESS AND EDUCATIONAL RESEARCH

Mental hygiene related research contributed to the institutionalization of systematic studies in education using medical models to define questions. The premises of mental hygiene are apparent in today's rationales for educational

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63. Jane R. Mercer, Labeling the Mentally Retarded (Berkeley: Univ. of Calif. Press, 1973); James Carrier, Learning Disability, Social Class and the Construction of Inequality in American Education (Westport, Conn.: Greenwood Press, 1986).

64. "The Education for All Handicapped Act," PL 94-142, 20 U.S. C. Sec. 1401 et seq. (1975); Judith D. Singer and John A. Butler, "The Education for All Handicapped Children Act: Schools as Agents of Social Reform," Harvard Educational Review 57, 2 (May 1987): 125-52.

policy. Current literature tends to liken undesirable behavior and learning problems to treatable diseases. The contention that problems can be prevented and remediated best through early intervention has been linked with the expansion of school based testing as central to this task. The current emphasis on fitness emphasizes the links between mental and physical functioning. Educators are concerned with the effects of stress and self-image on achievement both for teachers and students. Professional educators and the public have victimized schools with the commonplace belief that health and happiness are legitimate objectives of educational institutions. The continued indirect input from psychiatric perspectives into education is recognizable in the case oriented criteria upon which we base our notions of school progress. The moral imperative for education implied by preventive psychiatry deflects attention away from questions of socio-economic realities and inequities implied in educational stratification, toward the legitimation of inequities based on individual psycho-biological characteristics.